



# PROFESSIONAL INDEMNITY INSURANCE

## **Important Notice**

Please read this Claim Form fully before answering the questions.

The claim form is to be completed and signed by a partner, director or principal of the insured.

All questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.

If you have any questions in relation to completion of the claim form, please contact your insurance advisor or broker.

Please send the completed claim form, as soon as possible, to your insurance advisor or broker.

Appointment of legal representatives should not occur without the prior consent of Liberty Specialty Markets (Liberty).

**1. DETAILS OF INSURED**

Full name of insured

Address of the insured

Contact person

Policy no

Email

Telephone

Fax

Input tax entitlements

**2. DETAILS OF CLAIMANT**

Full name of the claimant or potential claimant (i.e. the party making the claim or potential claim against you or the firm/company)

Address of the claimant

**3. DETAILS OF INSURED'S RETAINER/CONTRACT**

What were you retained/contracted to do?

Was your retainer/contract for services evidenced in writing?

Yes

No

If so, please attach a copy. If not, please provide appropriate particulars of the date of the retainer/contract and its terms.

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When did you perform the work out of which the claim arises or may arise?

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Who is the person within the firm/company, who actually performed the work or against whom the claim or potential claim is principally directed?

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What is that person's title, duties and contract details?

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#### 4. DETAILS OF CLAIM OR CIRCUMSTANCE

What is the precise nature of the claim (i.e. the claimant's allegations) or the fact or circumstance that might give rise to a claim?

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Have proceedings commenced? Yes      No

If so, please attach a copy of the court documents.

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On what date did you first become aware of the claim or of the fact or circumstance?

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On what date was the claim first made to you?

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Was the first intimation of a claim oral or in writing? Yes      No

If in writing, please attach a copy. If oral, please give a "first person" account of the conversation, (i.e. "I said", "He said").

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What amount, if any, is claimed?

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If known, what does the amount comprise?

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**5. DETAILS OF INSURED'S RESPONSE**

What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?

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What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the claimant?

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Are there additional details about which you wish to advise, or which may be of interest to an insurer, so that insurer will have a better understanding of this matter? If so, please provide details along with supporting documentation.

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Have you instructed a solicitor or other lawyer to act for you? If so, what is that lawyer's name, firm, address and charge out rates?

6. DECLARATION

I/We (print name in full)

(position)

of the Insured and on behalf of the Insured acknowledge the above answers to be true and correct AND acknowledge that the insurer may take its decision on indemnity having regard to these answers.

Signature

Date

Privacy Notice

Liberty Specialty Markets is a trading name of Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (Liberty). It is a member of Boston-based Liberty Mutual Group. Liberty Australia's head office contact details are:

Address: Locked Bag 18, Royal Exchange NSW 1225, Australia
Phone: +61 2 8298 5800

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